

STATE COUNCIL ON DEVELOPMENTAL DISABILITIES (SCDD)
QUALITY ASSESSMENT PROJECT
Interviewer Statements

Print Interviewer Name: _____

Release of Liability

I understand that I am not an employee of SCDD and that Worker's Compensation Insurance coverage is not provided to Interviewers, such as me. I understand that I am an independent contractor and assume full responsibility for any injuries or damages to myself or my property incurred during my assignment as an Interviewer.

Interviewer Signature: _____ Date: _____

Mandated Reporting Responsibilities

I understand that as an Interviewer, I serve as a mandated reporter. I have the responsibility of reporting any suspected abuse or neglect, and any situation potentially dangerous to any consumer's health and safety of which I have been made aware. I have read and agree to comply with the pertinent statutes. I understand that I must immediately, upon knowledge of the situation, make the proper report to the appropriate protective services agency and contact the Quality Assessment Coordinator or designee at SCDD.

Interviewer Signature: _____ Date: _____

Interviewer Responsibilities

I have read the Interviewer Description and Responsibilities information and am fully aware of, and agree to, my responsibilities. I am also aware that I am not guaranteed assignments or a minimum of assignments at any time.

Interviewer Signature: _____ Date: _____